



Headquarters North Carolina Wing Civil Air Patrol



Unit Check Request Form

CHARTER NUMBER: NC- _____

UNIT NAME: _____

DATE OF REQUEST: _____

DATE NEEDED: _____

MAKE PAYABLE TO: _____

MAIL TO: _____

CITY/STATE/ZIP: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____

| LINE | DESCRIPTION | ACCOUNT NUMBER WING USE ONLY | AMOUNT |
|------------------------|-------------|---------------------------------|--------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| TOTAL AMOUNT OF CHECK: | | | \$0.00 |

*****ALL CHECKS REQUIRE TWO SIGNATURES ON CHECK REQUEST FORM*****

UNIT COMMANDER NAME: _____ DATE: _____

SIGNATURE: _____

UNIT FINANCE OFFICER
OR COMMITTEE APPROVAL: _____ DATE: _____

SIGNATURE: _____

_____ WING USE ONLY BELOW THIS LINE _____

DATE RECEIVED: _____

RECEIVED BY: _____

CHECKS ARE WRITTEN EACH FRIDAY - REQUESTS MUST BE RECEIVED BY WEDNESDAY